

BLACKS' MORTALITY (1995) AND MORBIDITY (1993) EXPERIENCE IN TENNESSEE

Blacks' Mortality Experience in Tennessee, 1995

- Among racial differences in mortality, two are highlighted. Homicide is a much greater killer in black than white communities. Overall, homicide rates among blacks in 1995 were 6 times higher than homicide rates among whites. The racial differential persisted for all age-groups, with 13 times higher rates among blacks in the 15 to 24 year age-group.
- Second, in 1995, the HIV/AIDS death rate was 4 times as high for blacks as for whites. The highest rate was for black males, at 4 times that of white males. The rate for white males was marginally higher than for black females. The rate for black females was 9 times higher than that for white females.

Source: Mortality Data, TDH, Health Statistics and Information, 1995

Black Adults' Morbidity Experience in Tennessee, 1993¹

- Blacks in Tennessee represent a very high risk group for morbidity as well as mortality.
- In 1993, blacks were, on average, younger than whites, but were more likely to be ill or disabled.

¹Because of the persistence of health behaviors, two years make little difference. Therefore, 1993 survey data constitute appropriate estimates of indicators of adults' health status in 1995.

- Poverty, female-headed households with children under 18, and metropolitan residence were more common among Tennessee blacks than whites.
- Similar percentages of blacks and whites reported having a regular source of health care. However, more blacks reported hospital emergency rooms (ERs) or walk-in clinics as sources of regular primary care, and fewer reported private physicians or private clinics than whites.
- Annual ER utilization was higher among blacks than whites (28% of blacks vs. 19% of whites visited an ER at least once in the past year). However, blacks and whites were similarly likely to have visited MDs or other health care providers and to have been hospitalized in the year prior to the survey.
- Nearly twice as high a percentage of blacks were TennCare eligible (either uninsured or on Medicaid) compared to whites. Proportionally fewer blacks were on Medicare or privately insured.
- Access to medical care was not reported as a major problem for Tennesseans. However, when barriers to health care existed, blacks were more likely than whites to report transportation problems and high costs of care as access problems.
 - Blacks were more likely to report lack of convenience in hours in which services are provided, and excessive waits to receive care.
 - Blacks were more likely to know where to go to access care.
 - Whites were more likely to need services not covered by insurance plans.